

**State of California**  
**Secretary of State**



I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That the attached transcript of 3 page(s) was prepared by and in this office from the record on file, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

JAN 19 2007

A handwritten signature in cursive script that reads "Debra Bowen".

DEBRA BOWEN  
Secretary of State

EXHIBIT M-1

02-668348



**State of California**  
**Bill Jones**  
**Secretary of State**

FILED  
 SACRAMENTO, CALIF.

JUN 19 2002

*Bill Jones*  
 BILL JONES  
 SECRETARY OF STATE

**STATEMENT BY FOREIGN CORPORATION - AMENDMENT**

Filing Fee \$20.00 - If Amendment, See Instructions

**IMPORTANT - Read Instructions Before Completing This Form**

1. CORPORATE NAME: (Do not alter if name is preprinted.)

Sports Shinko (USA) Co., Ltd.

C147938

100

This Space For Filing Use Only

☐ IF THERE HAS BEEN NO CHANGE IN ANY OF THE INFORMATION CONTAINED IN THE LAST STATEMENT BY FOREIGN CORPORATION ON FILE WITH THE CALIFORNIA SECRETARY OF STATE, CHECK THE BOX AND PROCEED TO ITEM 11.

2. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE CITY AND STATE ZIP CODE  
 640 Deer Mountain Estates Harpers Ferry, West Virginia 25425

3. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY CITY ZIP CODE

CA

4. MAILING ADDRESS CITY AND STATE ZIP CODE  
 640 Deer Mountain Estates Harpers Ferry, West Virginia 25425

LIST THE NAMES AND COMPLETE ADDRESSES OF THE FOLLOWING OFFICERS: (The corporation must have these three officers. The appropriate title for the officer may be added but do not alter or obliterate the form.)

5. CHIEF EXECUTIVE OFFICER/President ADDRESS CITY AND STATE ZIP CODE  
 Keihiro Kimura c/o Kyoel Law Office  
 Kitahama 3-5-22, Orix-Yodoyabashi Building, Suite 800, Chuo-ku, Osaka, Japan 541-0041

6. SECRETARY ADDRESS CITY AND STATE ZIP CODE  
 Takashi Hattori Habataki Sogo Law Office  
 Nishitamme 4-4-18, Uemae-Chuo Building, Suite 700, Kita-ku, Osaka, Japan 530-0047

7. CHIEF FINANCIAL OFFICER ADDRESS CITY AND STATE ZIP CODE  
 Takashi Hattori Habataki Sogo Law Office  
 Nishitamme 4-4-18, Uemae-Chuo Building, Suite 700, Kita-ku, Osaka, Japan 530-0047

8. CHECK THE APPROPRIATE PROVISION BELOW AND NAME THE AGENT FOR SERVICE OF PROCESS:  
☐ AN INDIVIDUAL RESIDING IN CALIFORNIA.  
☒ A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO CALIFORNIA CORPORATION'S CODE SECTION 1505.

AGENTS NAME: CT Corporation System

9. ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY ZIP CODE  
 CA

10. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION

real estate/resort investment

11. THIS STATEMENT IS TRUE, CORRECT AND COMPLETE.

Keihiro Kimura

TYPE OR PRINT NAME OF OFFICER OR AGENT

SIGNATURE

President

TITLE

May 24, 2002

DATE



# State of California Secretary of State

F

05-369261

## STATEMENT OF INFORMATION (Foreign Corporation)

FEES (Filing and Disclosure): \$25.00. If amendment, see instructions.

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. CORPORATE NAME (Please do not alter if name is preprinted.)

C1647938  
SPORTS SHINKO (USA) CO., LTD.  
615 S DUPONT HWY  
DOVER DE 19901

**FILED**  
in the office of the Secretary of State  
of the State of California

AUG 08 2005

This Space For Filing Use Only

DUE DATE: 09-30-05

CALIFORNIA CORPORATE DISCLOSURE ACT (Corporations Code section 2117.1)

A publicly traded corporation must file with the Secretary of State a Corporate Disclosure Statement (Form SI-PT) annually, within 150 days after the end of its fiscal year. Please see reverse for additional information regarding publicly traded corporations.

## NO CHANGE STATEMENT

2. ☒ If there has been no change in any of the information contained in the last Statement of Information filed with the Secretary of State, check the box and proceed to Item 11.  
If there have been any changes to the information contained in the last Statement of Information filed with the Secretary of State, or no statement has been previously filed, this form must be completed in its entirety.

## COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 3 and 4 cannot be P.O. Boxes.)

3. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE CITY AND STATE ZIP CODE

4. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY CITY STATE ZIP CODE

CA

## NAMES AND COMPLETE ADDRESSES OF THE FOLLOWING OFFICERS (The corporation must have these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

5. CHIEF EXECUTIVE OFFICER ADDRESS CITY AND STATE ZIP CODE

6. SECRETARY ADDRESS CITY AND STATE ZIP CODE

7. CHIEF FINANCIAL OFFICER ADDRESS CITY AND STATE ZIP CODE

## AGENT FOR SERVICE OF PROCESS (If the agent is an individual, the agent must reside in California and Item 9 must be completed with a California address. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to Corporations Code section 1505 and Item 9 must be left blank.)

8. NAME OF AGENT FOR SERVICE OF PROCESS

9. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE

CA

## TYPE OF BUSINESS

10. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION

11. THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT

Toshihiko Machida

SIGNATURE

President

July 26, 2005

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

TITLE DATE

S-250 (REV 03/2005)

APPROVED BY SECRETARY OF STATE

20050727